

ENCOUNTER KEYS

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VACCINE ADMINISTRATION UNDER VFC



"I'm troubled, I'm dissatisfied. I'm Irish."

Marianne Moore

Under the Federal Vaccines for Children (VFC) Program, providers are reimbursed a capped fee for administration of vaccines to Medicaid-eligible (Title XIX) recipients 18 and younger.

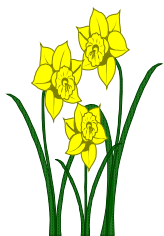
Because the vaccine is made available to providers, they must bill only for administration of the vaccine and not for the vaccine itself. When billing for vaccines under the VFC Program, instead of using the immunization administration CPT codes, 90471 or 90472, providers must bill the CPT code for the immunization with the AHCCCS specific "VA" modifier. The VA modifier identifies the immunization as part of the VFC Program.

BIPA SECTION 532 & HIPAA'S REPLY

The following information is in regards to questions that have been raised on Medicaid Level III HCPCS or local codes. Medicaid local codes are not Level III HCPCS codes as defined by BIPA. Level III HCPCS codes

are those submitted through HCFA regional offices for approval by the HCFA HCPCS code committee as Level III local codes. Medicaid Agencies did not submit their local codes to the committee. Currently, there are very few Level

III codes approved by HCFA in existence at this point. These codes are being phased out. And the phase out is almost complete.



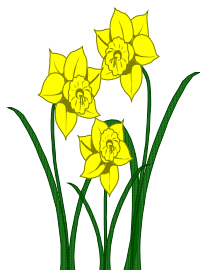
Dilemmas

For the months of March and April, pending encounters with the following error code conditions are not sanctioned.

A950 – Data Gathering Error.

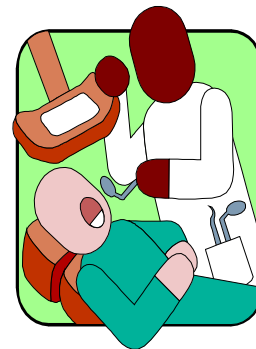
This edit is due to AHCCCS system enhancements. It is anticipated that most of the encounters currently pending for A950 will be reprocessed during subsequent encounter cycles. Sanctions will be waived on any encounters delayed because of this issue.

S385 – Service Units Exceed Maximum Allowed (only the 80000 procedure codes and the Dental Codes prior to 10/01/2000).



DENTAL SERVICES

A review of pending encounters has shown that there are still Medicare non-covered dental services encountered on the HCFA 1500 (Form A) format. Effective 10/01/2000, these services must be reported using the ADA dental (Form D) format.



RATE SCHEDULE ON WEB SITE

The current Fee-For-Service rate schedule is available on the AHCCCS Web site: www.ahcccs.state.az.us. The rates are effective 04/01/2001.

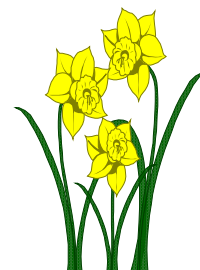
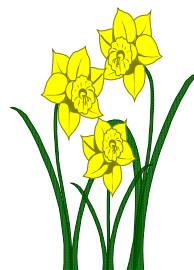
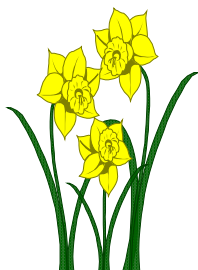
To locate the rate schedule: click on “Plans/Providers” on the navigation bar on the left side of the home page. Click on “Procedure Codes and Rates” to display the rate schedule page. Rates are displayed by type of service, such as transportation, radiology, surgery, dental, etc. A search mechanism is available to look up a single or several rate(s).

NOTE: ONLY COVERED SERVICES (Coverage Code 01) ARE PUBLISHED

Additional links are available to view newsletters, such as the Claims Clues and manuals, i.e., the Fee-For Service Provider Manual and the AHCCCS Medical Policy Manual.

AGE CHANGE FOR PROCEDURE CODE 54520

The minimum age has been changed to 000 for the procedure code 54520 – Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach.





MORE ERROR CODES!!

The following new error codes will be Effective August 01, 2001:

A600 – Incorrect Medicare Allowed Amount

A601 – Health Plan Paid Not Equal to Medicare Coinsurance and Deductible

A603 –Billed Charge is Less than Medicare Allowed Amount

A604 – Medicare Amounts Not Valid

A605 – Health Plan Paid and Other Insurance Amount Greater Than Billed Charge

R632 – Medicare Deductible or Coinsurance Amount Required

Z752 - Near Duplicate, same DOS, Provider different

Z757 - Near Duplicate, same DOS, Provider and Health Plan Different

Z732 - Near Duplicate – Tooth Surface Different

Z737 - Near Duplicate, Tooth Surface & Health Plan Different



CORRECTION TO CODE J2792

The rate listed in the January-February, 2001 Encounter Keys for the price of \$134.90 is for six (6) units, not one (1) unit. The price for one (1) unit for this procedure code is currently listed as \$22.48. J2792 - Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU.

Submitting Third Party Information On Encounters

If there is a payer, other than Medicare, use the Other Insurance Fields. Do not place the information in the Medicare fields.

Reporting other payor amounts in the Medicare payment fields will pend the encounter for R295 – Medicare Reported But Not Indicated. If there are any questions, please contact your Technical Assistant.

FTP SUBMISSION

Files should be transmitted as soon as possible to avoid missing the deadline. Transmissions can be sent at all times of the day.

**Remember Send those
files
AS SOON AS
POSSIBLE**

STAFF CHANGES



The Encounter Unit has reorganized. Previously, it consisted of Data Validation and the Encounter Operations Unit. It is now comprised of Validation, Analysis, and Customer Service. Data Validation continues to conduct HCFA mandated studies, Customer Service performs customer service functions for AHCCCS Contractual business partners, Analysis examines both pending and adjudicated encounters to identify trends and problems, and propose solutions.

Deborah Burrell accepted a position in the Analysis, leaving Customer Service. Until Deborah's former position in Customer Service is filled, she will wear two hats—one for her current and the other for her former position.

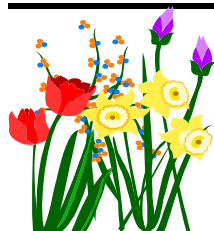
Lydia Ruiz joined the Analysis section from her previous position testing system changes. Lydia's knowledge of claims, encounters, provider and reference will be an asset to the Encounter Unit.

REPORT CHANGES

Show Action Taken Report – no longer includes encounters where no action was taken. This change was made to reduce the size of the report. Thereby saving server space and paper.

Aging Report Change - Per Contractors requests, effective with the April encounter cycle, the Aging Detail Report will now include encounters aged 0-60 days. Previously the report excluded encounters under 60 days.

Supplemental Explanation File - Recently Contractor Information System (IS) staff were surveyed regarding a proposed change to the pend correction files to add a "C6" record for certain encounters to clarify the pend error. Based on the results of the survey, AHCCCS has decided to cancel the change to the pend correction file. Instead, a new supplemental file is being developed to provide comment information to Contractors for certain pending encounters. July 2001 is the target date for implementation of the new file. Additional information will be forthcoming in the next few months.



"Nature does not bestow virtue, it is an art".

Seneca.